



QUARTERLY STATEMENT

AS OF JUNE 30, 2012  
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code	00000	00000	NAIC Company Code	12747	Employer's ID Number	20-4308924
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [ X ]		Property/Casualty [ ]		Hospital, Medical & Dental Service or Indemnity [ ]	
	Dental Service Corporation [ ]		Vision Service Corporation [ ]		Health Maintenance Organization [ ]	
	Other [ ]				Is HMO, Federally Qualified? Yes [ ] No [ ]	
Incorporated/Organized	02/08/2006		Commenced Business		01/01/2007	
Statutory Home Office	2181 East Aurora Road			Twinsburg, OH 44087		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	2181 East Aurora Road		Twinsburg, OH 44087		330-405-8089	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	2181 East Aurora Road		Twinsburg, OH 44087			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	2181 East Aurora Road		Twinsburg, OH 44087		330-405-8089	
	(Street and Number)		(City or Town, State and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.envisionrxplus.com					
Statutory Statement Contact	Edwin Jenaro Alicea, CPA, MPA			330-486-6377		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	ealicea@rxoptions.net			330-486-4801		
	(E-mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Kevin Michael Nagle	President	Catherine Hoagland Strautman	Executive Vice President
Kimberly Sue Kirkbride	Treasurer	Eugene Paul Samuels	Secretary

OTHER OFFICERS

Barry Irwin Katz R. Ph.	Chief Operating Officer		
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DIRECTORS OR TRUSTEES

Kevin Michael Nagle	Catherine Hoagland Strautman	Barry Irwin Katz R. Ph.	Kimberly Sue Kirkbride
Eugene Paul Samuels JD			

State of .....Ohio.....

County of .....Summit..... ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

President	Executive Vice President	Treasurer
Subscribed and sworn to before me this		a. Is this an original filing? Yes [ X ] No [ ]
_____ day of _____,		b. If no:
_____		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____

STATEMENT AS OF JUNE 30, 2012 OF THE Envision Insurance Company

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	6,492,887		6,492,887	6,542,738
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....	209,856		209,856	212,202
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....16,079,367 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	16,079,367		16,079,367	381,527
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	22,782,110	0	22,782,110	7,136,467
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	35,119		35,119	35,023
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,469,548	335,936	5,133,612	406,193
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....	24,646,205	1,045,961	23,600,244	10,143,398
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	1,356,404
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....	3,720,264	3,720,264	0	0
17. Amounts receivable relating to uninsured plans .....	135,849,774	195,643	135,654,131	74,160,498
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	799,414	799,414	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	193,302,434	6,097,218	187,205,216	93,237,983
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27) .....	193,302,434	6,097,218	187,205,216	93,237,983
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Prepaid Expenses .....	71,653	71,653	0	0
2502. Intangible Asset - Licensing .....	127,761	127,761	0	0
2503. Deferred Acquisition Cost .....	600,000	600,000	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	799,414	799,414	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....4,234,375 reinsurance ceded).....	.....543,676		.....543,676	.....6,527,589
2. Accrued medical incentive pool and bonus amounts .....			.....0	.....0
3. Unpaid claims adjustment expenses .....	.....2,323,139		.....2,323,139	.....955,416
4. Aggregate health policy reserves including the liability of \$ ..... for medical loss ratio rebate per the Public Health Service Act .....			.....0	.....0
5. Aggregate life policy reserves .....			.....0	.....0
6. Property/casualty unearned premium reserve .....			.....0	.....0
7. Aggregate health claim reserves .....			.....0	.....0
8. Premiums received in advance .....	.....34,737,149		.....34,737,149	.....327,843
9. General expenses due or accrued .....	.....309,794		.....309,794	.....141,631
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses)) .....			.....0	.....0
10.2 Net deferred tax liability.....			.....0	.....0
11. Ceded reinsurance premiums payable .....	.....14,167,020		.....14,167,020	.....2,308,336
12. Amounts withheld or retained for the account of others .....	.....846,654		.....846,654	.....846,952
13. Remittances and items not allocated .....			.....0	.....0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			.....0	.....0
15. Amounts due to parent, subsidiaries and affiliates .....	.....12,114,245		.....12,114,245	.....43,085,299
16. Derivatives.....			.....0	.....0
17. Payable for securities .....			.....0	.....0
18. Payable for securities lending .....			.....0	.....0
19. Funds held under reinsurance treaties (with \$ .....50,119,374 authorized reinsurers and \$ ..... unauthorized reinsurers).....	.....50,119,374		.....50,119,374	.....18,292,591
20. Reinsurance in unauthorized companies .....			.....0	.....0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....			.....0	.....0
22. Liability for amounts held under uninsured plans .....	.....50,528,793		.....50,528,793	.....0
23. Aggregate write-ins for other liabilities (including \$ ..... current) .....	.....0	.....0	.....0	.....0
24. Total liabilities (Lines 1 to 23).....	.....165,689,844	.....0	.....165,689,844	.....72,485,657
25. Aggregate write-ins for special surplus funds .....	.....XXX	.....XXX	.....0	.....0
26. Common capital stock .....	.....XXX	.....XXX	.....2,000,000	.....2,000,000
27. Preferred capital stock .....	.....XXX	.....XXX		.....0
28. Gross paid in and contributed surplus .....	.....XXX	.....XXX	.....23,700,000	.....23,700,000
29. Surplus notes .....	.....XXX	.....XXX		.....0
30. Aggregate write-ins for other than special surplus funds .....	.....XXX	.....XXX	.....0	.....0
31. Unassigned funds (surplus) .....	.....XXX	.....XXX	.....(4,184,628)	.....(4,947,674)
32. Less treasury stock, at cost: 32.1 ..... shares common (value included in Line 26 \$ ..... ) .....	.....XXX	.....XXX		.....0
32.2 ..... shares preferred (value included in Line 27 \$ ..... ) .....	.....XXX	.....XXX		.....0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	.....XXX	.....XXX	.....21,515,372	.....20,752,326
34. Total liabilities, capital and surplus (Lines 24 and 33)	.....XXX	.....XXX	.....187,205,216	.....93,237,983
DETAILS OF WRITE-INS				
2301. ....			.....0	.....0
2302. ....			.....0	.....0
2303. ....			.....0	.....0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.....0	.....0	.....0	.....0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	.....0	.....0	.....0	.....0
2501. ....	.....XXX	.....XXX		.....0
2502. ....	.....XXX	.....XXX		.....0
2503. ....	.....XXX	.....XXX		.....0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	.....XXX	.....XXX	.....0	.....0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	.....XXX	.....XXX	.....0	.....0
3001. ....	.....XXX	.....XXX		.....0
3002. ....	.....XXX	.....XXX		.....0
3003. ....	.....XXX	.....XXX		.....0
3098. Summary of remaining write-ins for Line 30 from overflow page .....	.....XXX	.....XXX	.....0	.....0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	.....XXX	.....XXX	.....0	.....0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	1,860,212	717,662	1,509,014
2. Net premium income (including \$ non-health premium income).....	XXX	48,867,964	55,373,186	121,134,753
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0	0
4. Fee-for-service (net of \$ medical expenses) .....	XXX		0	0
5. Risk revenue .....	XXX		0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	48,867,964	55,373,186	121,134,753
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....			0	0
10. Other professional services .....			0	0
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....			0	0
13. Prescription drugs .....		210,928,402	69,892,282	142,400,323
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15) .....	0	210,928,402	69,892,282	142,400,323
<b>Less:</b>				
17. Net reinsurance recoveries .....		167,066,764	20,979,541	34,695,424
18. Total hospital and medical (Lines 16 minus 17) .....	0	43,861,638	48,912,741	107,704,899
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ cost containment expenses.....		239,496	3,386,245	7,075,188
21. General administrative expenses.....		3,741,515	2,773,592	4,801,407
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22) .....	0	47,842,649	55,072,578	119,581,494
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	1,025,315	300,608	1,553,259
25. Net investment income earned .....		42,776	43,230	86,427
26. Net realized capital gains (losses) less capital gains tax of \$ .....			0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	42,776	43,230	86,427
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .626 ) (amount charged off \$ 300,000 )] .....		(299,374)	(120,000)	(239,842)
29. Aggregate write-ins for other income or expenses .....	0	0	(258)	(358)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	768,717	223,580	1,399,486
31. Federal and foreign income taxes incurred .....	XXX		0	0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	768,717	223,580	1,399,486
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX		0	0
0602. ....	XXX		0	0
0603. ....	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	XXX	0	0	0
0701. ....	XXX		0	0
0702. ....	XXX		0	0
0703. ....	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	XXX	0	0	0
1401. ....			0	0
1402. ....			0	0
1403. ....			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	0	0	0
2901. Penalties.....			(258)	(358)
2902. ....			0	0
2903. ....			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	(258)	(358)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	20,752,326	19,328,472	19,328,472
34. Net income or (loss) from Line 32 .....	768,717	223,580	1,399,486
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	(5,671)	(174,037)	24,368
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital and surplus (Lines 34 to 47) .....	763,046	49,543	1,423,854
49. Capital and surplus end of reporting period (Line 33 plus 48)	21,515,372	19,378,015	20,752,326
<b>DETAILS OF WRITE-INS</b>			
4701. Prior Period Adjustments.....		0	0
4702. ....		0	0
4703. ....		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	76,898,088	54,612,673	114,882,335
2. Net investment income .....	68,648	67,503	135,343
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	76,966,736	54,680,176	115,017,678
5. Benefit and loss related payments .....	48,489,147	30,851,245	98,512,143
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	13,706,993	31,546,488	8,038,773
8. Dividends paid to policyholders .....		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses).....	0	0	0
10. Total (Lines 5 through 9) .....	62,196,140	62,397,733	106,550,916
11. Net cash from operations (Line 4 minus Line 10) .....	14,770,596	(7,717,557)	8,466,762
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	255,000	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	255,000	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	231,117	103,250	103,250
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	231,117	103,250	103,250
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	23,883	(103,250)	(103,250)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied).....	903,361	7,005,275	(9,366,469)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	903,361	7,005,275	(9,366,469)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	15,697,840	(815,532)	(1,002,957)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	381,527	1,384,484	1,384,484
19.2 End of period (Line 18 plus Line 19.1) .....	16,079,367	568,952	381,527

STATEMENT AS OF JUNE 30, 2012 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year .....	136,443	.0	.0	.0	.0	.0	.0	.0	.0	136,443
2 First Quarter .....	299,007	.0	.0	.0	.0	.0	.0	.0	.0	299,007
3 Second Quarter .....	331,877	.0	.0	.0	.0	.0	.0	.0	.0	331,877
4. Third Quarter .....	.0									
5. Current Year	0									
6 Current Year Member Months	1,860,212									1,860,212
Total Member Ambulatory Encounters for Period:										
7. Physician .....	.0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a).....	191,359,816									191,359,816
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	191,359,816									191,359,816
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	213,003,176									213,003,176
18. Amount Incurred for Provision of Health Care Services	210,928,402									210,928,402

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 191,359,816

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....					0	0
8. Other health .....	6,690,951	43,154,598		543,676	6,690,951	6,527,588
9. Health subtotal (Lines 1 to 8).....	6,690,951	43,154,598	0	543,676	6,690,951	6,527,588
10. Health care receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	6,690,951	43,154,598	0	543,676	6,690,951	6,527,588

(a) Excludes \$ ..... loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Envision Insurance Company (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (ODI).

The ODI recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. There is no deviation from the NAIC Accounting Practices and Procedures Manual.

	2012	2011
<b><u>NET INCOME</u></b>		
Envision Insurance Company, state basis (Page 4, Line 32, Column 2 & 3)	\$768,717	\$1,399,486
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$768,717</u>	<u>\$1,399,486</u>
<b><u>SURPLUS</u></b>		
Envision Insurance Company, state basis (Page 3, Line 33, Column 3 & 4)	\$21,515,372	\$20,752,326
State Prescribed Practices that increases/(decreases) NAIC SAP	\$0	\$0
State Permitted Practices that increases/(decreases) NAIC SAP	\$0	\$0
NAIC SAP	<u>\$21,515,372</u>	<u>\$20,752,326</u>

B. Use of Estimates in the Preparation of the Financial Statements

No Change

C. Accounting Policy

No Change

2. Accounting Changes and Corrections of Errors

Not Applicable

3. Business Combination and Goodwill

Not Applicable

4. Discontinued Operations

None

5. Investments

D. The Company did not have loan-backed securities at June 30, 2012.

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

None

8. Derivative Instruments

None

9. Income Taxes

No Change

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Nature of the relationship

No Change

B. Significant transactions for each Period

No Change

## NOTES TO FINANCIAL STATEMENTS

C. Intercompany Management and Service Arrangements

No Change

D. Amounts Due to or from Related Parties

At June 30, 2012 and the year ended December 31, 2011, the Company reported \$0 and \$0 due from affiliates and \$12,114,245 and \$43,085,299 due to affiliates, respectively. The June 30, 2012 payable balances represent intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. The Company did not enter into guarantees or undertaking for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

F. Management, Service Contracts, Cost Sharing Arrangements

No Change

G. Nature of Relationships that Could Affect Operations

No Change

H. Amount Deducted for Investment in Upstream Company

None

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

None

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

None

K. Investment in a Foreign Insurance Subsidiary

None

**11. Debt**

None

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.**

Not applicable

**13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No Change

**14. Contingencies**

None/Not Applicable/No Change

**15. Leases**

No Change

**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

None

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

C. The Company does not have any wash sales.

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not Applicable

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

None

**20. Fair Value Measurements**

The Company's bond portfolio are recorded at amortized/book value as of June 30, 2012. The Company has no stocks at fair value as of June 30, 2012.

## NOTES TO FINANCIAL STATEMENTS

### 21. Other Items

#### A. Other Disclosures

##### Sch. Y, Pt.1A, Col 15

The ultimate controlling person in the insurance holding company system is as follows:

- (a) The name of the UDP is: *Envision Pharmaceutical Holdings, Inc.*
- (b) The home office of the UDP is: *2181 E Aurora Road, Twinsburg, OH 44087*
- (c) The principal executive office of the UDP is: *1100 Investment Blvd., El Dorado Hills, CA 95762*
- (d) The organizational structure of the UDP is: *an Ohio, privately-held, for-profit corporation*
- (e) The principal business of the UDP is: *to serve as a holding company for its shareholders*
- (f) The name and address of any person who holds or owns ten percent (10%) or more of any class of voting security of the UDP, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned is as follows:

- *Kevin Michael Nagle*  
*1100 Investment Blvd., El Dorado Hills, CA 95762*  
*23.80% of issued and outstanding common stock*
- *Barry Irwin Katz, R.Ph.*  
*1301 E. Broward Blvd., Suite 300, Ft. Lauderdale, FL 33301*  
*23.80% of issued and outstanding common stock*
- *Joanne Newton Mindala*  
*2181 E. Aurora Road, Twinsburg, OH 44087*  
*16.62% of issued and outstanding common stock*

### 22. Events Subsequent

No Change

### 23. Reinsurance

No Change

### 24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

No Change

### 25. Change in Incurred Losses

Unpaid claims and claims adjustment expenses were \$2,866,815 at June 30, 2012. In the year-to-date ending June 30, 2012, \$7,646,367 has been paid for incurred claims and claims adjustment expenses attributable to insured events of 2011. The reserves at June 30, 2012 are for current year activities. There are no reserves remaining for prior years.

### 26. Intercompany Pooling Arrangements

No Change

### 27. Structured Settlements

No Change

### 28. Health Care Receivables

None

### 29. Participating Policies

Not Applicable

### 30. Premium Deficiency Reserves

None

### 31. Anticipated Subrogation and Other Receivables

No Change

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

Yes ☐ No ☒ NA ☐
- If yes, attach an explanation.
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

12/15/2009
- 6.4

By what department or departments?

Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☒ No ☐ NA ☐
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [X] No [ ]

9.11

If the response to 9.1 is No, please explain:  
.....

9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).  
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).  
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [ ] No [X]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [X]

11.2

If yes, give full and complete information relating thereto:  
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....

13.

Amount of real estate and mortgages held in short-term investments: .....\$ .....

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [X]

14.2

If yes, please complete the following:

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....	\$ .....	\$ .....
14.22	Preferred Stock .....	\$ .....	\$ .....
14.23	Common Stock .....	\$ .....	\$ .....
14.24	Short-Term Investments .....	\$ .....	\$ .....
14.25	Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26	All Other .....	\$ .....	\$ .....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes [X] No [ ]

16.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Huntington National Bank.....	30 Market Street, Akron, OH 44308.....
Wells Fargo Bank.....	40 Capital Market Street, Suite 702, Sacramento, CA 95814.....

16.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? .....

Yes [ ] No [X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

16.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? .....

Yes [X] No [ ]

17.2 If no, list exceptions:  
.....

GENERAL INTERROGATORIES  
PART 2 - HEALTH

1 Operating Percentages	
1.1 A&H loss percent.....	89.8 %
1.2 A&H cost containment percent .....	0.0 %
1.3 A&H expense percent excluding cost containment expenses.....	%
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [ ]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$
2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ] No [ ]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$



## STATEMENT AS OF JUNE 30, 2012 OF THE Envision Insurance Company

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, Etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	3,948,020					3,948,020	
2. Alaska	AK	L	16,244					16,244	
3. Arizona	AZ	L	505,471					505,471	
4. Arkansas	AR	L	1,413,460					1,413,460	
5. California	CA	L	36,204,812					36,204,812	
6. Colorado	CO	L	1,407,475					1,407,475	
7. Connecticut	CT	L	130,323					130,323	
8. Delaware	DE	L	308,618					308,618	
9. Dist. Columbia	DC	L	292,626					292,626	
10. Florida	FL	L	6,532,687					6,532,687	
11. Georgia	GA	L	3,761,962					3,761,962	
12. Hawaii	HI	L	94,444					94,444	
13. Idaho	ID	L	335,306					335,306	
14. Illinois	IL	L	5,362,553					5,362,553	
15. Indiana	IN	L	2,376,861					2,376,861	
16. Iowa	IA	L	1,953,622					1,953,622	
17. Kansas	KS	L	1,292,544					1,292,544	
18. Kentucky	KY	L	3,313,784					3,313,784	
19. Louisiana	LA	L	1,977,858					1,977,858	
20. Maine	ME	L	207,330					207,330	
21. Maryland	MD	L	1,439,836					1,439,836	
22. Massachusetts	MA	L	368,658					368,658	
23. Michigan	MI	L	4,637,971					4,637,971	
24. Minnesota	MN	L	2,869,785					2,869,785	
25. Mississippi	MS	L	2,393,612					2,393,612	
26. Missouri	MO	L	500,616					500,616	
27. Montana	MT	L	571,206					571,206	
28. Nebraska	NE	L	1,189,831					1,189,831	
29. Nevada	NV	L	184,521					184,521	
30. New Hampshire	NH	L	196,687					196,687	
31. New Jersey	NJ	L	17,335,709					17,335,709	
32. New Mexico	NM	L	633,086					633,086	
33. New York	NY	L	19,198,805					19,198,805	
34. North Carolina	NC	L	6,901,205					6,901,205	
35. North Dakota	ND	L	288,529					288,529	
36. Ohio	OH	L	9,897,675					9,897,675	
37. Oklahoma	OK	L	1,040,477					1,040,477	
38. Oregon	OR	L	913,969					913,969	
39. Pennsylvania	PA	L	8,484,529					8,484,529	
40. Rhode Island	RI	L	48,136					48,136	
41. South Carolina	SC	L	1,813,390					1,813,390	
42. South Dakota	SD	L	465,928					465,928	
43. Tennessee	TN	L	5,553,066					5,553,066	
44. Texas	TX	L	17,099,159					17,099,159	
45. Utah	UT	L	301,105					301,105	
46. Vermont	VT	L	46,450					46,450	
47. Virginia	VA	L	9,237,961					9,237,961	
48. Washington	WA	L	2,218,204					2,218,204	
49. West Virginia	WV	L	2,286,370					2,286,370	
50. Wisconsin	WI	L	1,582,168					1,582,168	
51. Wyoming	WY	L	225,171					225,171	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CN	N						0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	191,359,815	0	0	0	0	0	191,359,815	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 51	191,359,815	0	0	0	0	0	191,359,815	0
DETAILS OF WRITE-INS									
5801.	XXX							0	
5802.	XXX							0	
5803.	XXX							0	
5898. Summary of remaining write-ins for Line 58 from overflow page.	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

NONE

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
			26-0676699				Envision Pharmaceutical Holdings, Inc	US	UDP	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	1
			34-1939227				Rx Options, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			05-0570786				Envision Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			88-0511398				Envision Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-3389462				Envision Medical Solutions, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
		12747	20-4308924				Envision Insurance Company	US	DS	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			26-2434607				Orchard Pharmaceutical Services, Inc	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			59-2798509				First Florida Insurers of Tampa, LLC	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			59-3760021				Advance Benefits, LLC	US	NIA	First Florida Insurers of Tampa, LLC	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			27-4368094				Design Rx Holdings Corporation	US	NIA	Envision Pharmaceutical Holdings, Inc	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-1369429				Design Rx, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-5166645				Design Rxclusives, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	
			20-3649446				Rx Initiatives, LLC	US	NIA	Design Rx Holdings Corporation	Ownership	100.0	Envision Pharmaceutical Holdings, Inc	

SCHEDULE Y  
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	Refer to Notes to the Financials, Questions 21 (Other Items), Paragraph A (Other Disclosures).....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....YES.....

Explanation:

Bar Code:

**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	212,202	216,893
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other than temporary impairment recognized .....		0
8. Deduct current year's depreciation .....	2,346	4,691
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....	209,856	212,202
10. Deduct total nonadmitted amounts .....	0	0
11. Statement value at end of current period (Line 9 minus Line 10) .....	209,856	212,202

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other than temporary impairment recognized .....		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Total valuation allowance .....		0
13. Subtotal (Line 11 plus Line 12) .....	0	0
14. Deduct total nonadmitted amounts .....	0	0
15. Statement value at end of current period (Line 13 minus Line 14) .....	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		0
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other than temporary impairment recognized .....		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	0	0
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	6,542,738	6,489,018
2. Cost of bonds and stocks acquired .....	231,117	103,250
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration for bonds and stocks disposed of .....	255,000	0
7. Deduct amortization of premium .....	25,968	49,530
8. Total foreign exchange change in book/adjusted carrying value .....		0
9. Deduct current year's other than temporary impairment recognized .....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	6,492,887	6,542,738
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	6,492,887	6,542,738



STATEMENT AS OF JUNE 30, 2012 OF THE Envision Insurance Company

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a).....	6,529,258	231,117	255,000	(12,488)	6,529,258	6,492,887	0	6,542,738
2. Class 2 (a).....	0				0	0	0	0
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	0				0	0	0	0
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	6,529,258	231,117	255,000	(12,488)	6,529,258	6,492,887	0	6,542,738
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0				0	0	0	0
9. Class 2 .....	0				0	0	0	0
10. Class 3 .....	0				0	0	0	0
11. Class 4 .....	0				0	0	0	0
12. Class 5 .....	0				0	0	0	0
13. Class 6 .....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	6,529,258	231,117	255,000	(12,488)	6,529,258	6,492,887	0	6,542,738

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ;

NAIC 3 \$ ..... ; NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1

**NONE**

Schedule DA - Verification

**NONE**

Schedule DB - Part A - Verification

**NONE**

Schedule DB - Part B - Verification

**NONE**

Schedule DB - Part C - Section 1

**NONE**

Schedule DB - Part C - Section 2

**NONE**

Schedule DB - Verification

**NONE**

Schedule E - Verification

**NONE**

Schedule A - Part 2

**NONE**

Schedule A - Part 3

**NONE**

Schedule B - Part 2

**NONE**

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

## E04

## E04

E04

E04

## SCHEDULE D - PART 4

[illegible]

E05

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

## SCHEDULE E - PART 1 - CASH

E11

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0





NAIC Group Code

**0000**

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected.....	71,347,136	xxx	5,550,954	xxx	76,898,090
2. Earned Premiums	45,340,389	xxx	3,527,575	xxx	xxx
3. Claims Paid.....	44,988,916	xxx	3,500,230	xxx	48,489,146
4. Claims Incurred.....	39,357,730	xxx	4,503,907	xxx	xxx
5. Reinsurance Coverage and Low Income Cost Sharing – Claims Paid Net of Reimbursements Applied (a).....	xxx	10,173,332	xxx	791,506	10,964,838
6. Aggregate Policy Reserves - Change.....		xxx		xxx	xxx
7. Expenses Paid.....	2,544,210	xxx	197,945	xxx	2,742,155
8. Expenses Incurred.....	3,693,639	xxx	287,373	xxx	xxx
9. Underwriting Gain or Loss.....	2,289,020	xxx	(1,263,705)	xxx	xxx
10. Cash Flow Result	xxx	xxx	xxx	xxx	14,701,951

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$ 85,320,981 due from CMS or \$ due to CMS